

JUL 28 1981

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: Grimman Aerospace Corp EPA I.D. NUMBER: NYD002047967
Bethpage NY 11714
COMPANY ADDRESS: Mail Stop B08-30

COMPANY CONTACT OR OFFICIAL:
John Ohlman

INSPECTOR'S NAME: Jer + Austin

TITLE: Asst Director
Env. Facilities.

BRANCH/ORGANIZATION: NYS DEC
Env. Qual. - Reg. 1 Stony Brook

CHECK IF FACILITY IS ALSO A TSD
FACILITY ☒

DATE OF INSPECTION: 7/28/81

YES ☐ NO ☐ DON'T KNOW ☐

(1) Is there reason to believe that the facility has hazardous waste on site? ☒

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (\$261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (\$261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (\$261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

PERMITS ADMIN. BRANCH
REGION II
OCT 16 11 57 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007



YES	NO	DON'T KNOW
-----	----	---------------

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

—	✓	—
---	---	---

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

Caustic - 12000 gal max.

HF - 8000 gal max

HNO₃ - 8000 gal max

*solvents (drums)-
500 on hand in
normal operation*

- d. Describe the activities that result in the generation of hazardous waste.

Manufacturing Aircraft parts and assemblies

- (2) Is hazardous waste stored on site?

✓	—	—
---	---	---

- a. What is the longest period that it has been accumulated?

acids & alkalis - less than 1 week. 9 months for drums

- b. Is the date when drums were placed in storage marked on each drum?

*color code system used for collection
and segregation*

—	✓	—
---	---	---

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

✓	—	—
---	---	---

- a. If "yes," approximately how many shipments were made?

117

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

117

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

✓	—	—
---	---	---

- b. If "no" or "don't know," please elaborate.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the generator's name, mailing address, telephone number, and EPA identification number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the name, and EPA identification number of each transporter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- a description of the wastes (DOT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Were there any hazardous wastes stored on site at the time of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If not properly packaged or in secure tanks, please explain.			
c. Are containers clearly marked and labelled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do any containers appear to be leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. If "yes," approximately how many?			

- | | <u>YES</u> | <u>NO</u> | <u>DON'T
KNOW</u> |
|--|-------------|-------------|-----------------------|
| *(6) Has the generator submitted an annual report to EPA covering the previous calendar year? | _____ | _____✓_____ | _____ |
| a. How do you know? | | | |
| (7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? | _____✓_____ | _____ | _____ |
| a. If "no," have Exception Reports been submitted to EPA covering these shipments? | _____ | _____ | _____ |
| (8) General comments. | | | |

* The effective date for this requirement is March 1, 1982.

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

JUL 28 1981

COMPANY NAME: Gumman Aerospace Corp. EPA I.D. Number: NY0002047967

COMPANY ADDRESS: Bethpage NY 11714
Mail Stop B08-30

COMPANY CONTACT OR OFFICIAL: John Ohlman OTHER ENVIRONMENTAL PERMITS HELD

Asst Director
Env. Facilities

TITLE:

BY FACILITY: ☒ WPDES

☒ AIR

☐ OTHER

INSPECTOR'S NAME: Jere Austin

DATE OF INSPECTION: 7/21/81

BRANCH/ORGANIZATION: NYSDEC Env. Qual.
Reg. 1 Stony Brook

TIME OF DAY INSPECTION TOOK PLACE: 0930 - 1400

(1) Is there reason to believe that the facility has hazardous waste on site? yes

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES NO DON'T KNOW

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

✓

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

Caustic - 12,000 gal. max

HF - 8,000 gal max

HNO₃ - 8,000 gal max

Solvents (drums)
500 on hand in
normal operation

(2) Does the facility generate hazardous waste?

✓

(3) Does the facility transport hazardous waste?

✓ 11 ga

(4) Does the facility treat, store or dispose of hazardous waste?

✓

PERMITS ADMINISTRATION
REGIONAL
OCT 16 11 57 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

VISUAL OBSERVATIONS

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
(5) <u>SITE SECURITY</u> (\$265.14)			
a. Is there a 24-hour surveillance system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there a suitable barrier which completely surrounds the active portion of the facility?	<i>yes</i>		
c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? <i>Signs on order</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>99</i>	<input type="checkbox"/>
(6) Are there ignitable, reactive or incompatible wastes on site? (\$265.27)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. If "YES", what are the approximate quantities?			
b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If "YES", explain			
d. In your opinion, are proper precautions taken so that these wastes do not:			
- generate extreme heat or pressure, fire or explosion, or violent reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- damage the structural integrity of the device or facility containing the waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- threaten human health or the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?

(7) Does the facility comply with preparedness and prevention requirements including maintaining: (\$265.32)

YES NO DON'T KNOW

- an internal communications or alarm system? ☒ ☐ ☐
- a telephone or other device to summon emergency assistance from local authorities? ☒ ☐ ☐
- portable fire equipment? ☒ ☐ ☐
- adequate aisle space? ☒ ☐ ☐
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. ☒ ☐ ☐

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

- * (8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below), are properly installed? NA ☐ ☐ ☐

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. ☐ ☒ ☐
- b. Do you believe that operation of this facility may affect groundwater quality? ga ☒ ☐ ☐
- c. If "YES", explain.

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? From Grumman Great River facility (NY0096924(13) only ☒ ☐ ☐
- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? ☒ ☐ ☐
- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate) 62 ☐ ☐ ☐
- c. Does each manifest (or a representative sample) have the following information?
- a manifest document number ☒ ☐ ☐

	YES	NO	DON'T KNOW
- the generator's name, mailing address, telephone number, and EPA identification number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the name, and EPA identification number of each transporter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the name, address and EPA identification number of the designated facility and an alternate facility, if any;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- a DOT description of the wastes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (\$265.13)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? (You may check more than one) Waste characteristics vary _____ All wastes are basically the same <input checked="" type="checkbox"/> Company treats all waste as hazardous _____ Don't Know _____			
b. Does hazardous waste come to this facility from off-site sources? <i>From Great River facility only.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12) <u>INSPECTIONS</u> (\$265.15)			
a. Does the facility have a written inspection schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the schedule identify the types of problems to be looked for and the frequency for inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the owner/operator record inspections in a log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? ☒ ☐ ☐
- type and amount of training to be given to personnel in jobs related to hazardous waste management? ☒ ☐ ☐
- actual training or experience received by personnel? ☒ ☐ ☐

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste?
(§265.51)

- a. Does the plan describe arrangements made with local authorities? ☒ ☐ ☐
- b. Has the contingency plan been submitted to local authorities? ☐ ☒ ☐

How do you know?

- c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? ☒ ☐ ☐
- d. Does the plan have a list of what emergency equipment is available? ☒ ☐ ☐
- e. Is there a provision for evacuating facility personnel? ☒ ☐ ☐
- f. Was an Emergency Coordinator present or on call at the time of the inspection? ☒ ☐ ☐

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? ☒ ☐ ☐
- location and quantity of each waste? ☒ ☐ ☐
- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? ☒ ☐ ☐
- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? ☒ ☐ ☐

none required as of 7/22/81

*(16) Does the facility have written closure and post-closure plans? (§265.110)

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? ☒ ☐ ☐

* Effective date for this requirement is May 19, 1981.

- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?

✓ — —

- a description of the steps necessary to decontaminate facility equipment during closure?

✓ — —

- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?

— ✓ —

b. What is the anticipated date for final closure?

— ✓ —

†c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?

NA — —

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure?

— — —

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?

— — —

- the name, address and phone number of a person or office to contact during post-closure?

— — —

*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?

— — —

*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)

— — —

*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)

— — —

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area?

— — —

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?

— — —

† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

STORAGE

Waste Pile p. 9

Surface Impoundment p. 8

Container p. 7

Tank, above ground p. 8

Tank, below ground p. 8

Other

TREATMENT

Tank p. 8

Surface Impoundment pp. 8-9

Incineration pp. 12-13

Thermal Treatment pp. 12-13

Land Treatment pp. 9-10

Chemical, Physical and Biological p. 13
Treatment (other than
in tanks, surface impound-
ment or land treatment
facilities)

Other _____

DISPOSAL

Landfill pp. 10-11

Land Treatment
pp. 9, 10

Surface Impoundment p. 8

Other

YES NO DON'T KNOW

CONTAINERS (\$265.170)

1. Are there any leaking containers?
It "YES", explain.

☐ ☒ ☐

2. Are there any containers which appear in danger of leaking?
If "YES", explain.

✓

3. Do wastes appear compatible with container materials?

4. Are all containers closed except those in use?

5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?

☒

6. How often does the plant manager claim to inspect container storage areas? Daily

Daily

7. Does it appear that incompatible wastes are being stored in close proximity to one another?
If "YES", explain.

 ✓

8. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line?

✓

9. What is the approximate number and size of containers with hazardous wastes?

astes?
500 55-gal Drum

TANKS (\$265.190)

- | | YES | NO | DON'T
KNOW |
|---|-----|----|---------------|
| 1. Are there any leaking tanks?
If "YES", explain. | — | ✓ | — |
| 2. Are there any tanks which appear in danger of
leaking.
If "YES", explain. | — | ✓ | — |
| 3. Are wastes or treatment reagents being
placed in tanks which could cause them to
rupture, leak, corrode or otherwise fail?
If "YES", explain. | — | ✓ | — |
| 4. Do uncovered tanks have at least 2 feet
of freeboard or an adequate containment
structure? | ✓ | — | — |
| 5. Where hazardous waste is continuously
fed into a tank, is the tank equipped with
a means to stop this inflow? | ✓ | — | — |
| 6. Does it appear that incompatible wastes
are being stored in close proximity to one
another, or in the same tank?
If "YES", explain. | — | ✓ | — |
| 7. How often does the plant manager claim to
inspect container storage areas? <i>Daily</i> | — | — | — |
| 8. Are ignitable or reactive wastes stored in
a manner which protects them from a source
of ignition or reaction?
If "YES", explain. <i>N/A</i> | — | — | — |
| 9. What is the approximate number and size of
tanks containing hazardous wastes? <i>9 tanks</i> | — | — | — |

*5 ea - 15000 gal
4 ea - 10000 gal*

SURFACE IMPOUNDMENTS (\$265.220)

- | | | | |
|--|---|---|---|
| 1. Is there at least 2 feet of freeboard
in the impoundment? | — | — | — |
| 2. Do all earthen dikes have a protective
cover to preserve their structural integrity?
If "YES", specify type of covering. | — | — | — |
| 3. Is there reason to believe that incompatible
wastes are being placed in the same surface
impoundment?
If "YES", explain. | — | — | — |

YES

NO

DON'T
KNOW

4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics?
If "YES", explain.

5. Are there any leaks, failures or is there any deterioration in the impoundments?
If "YES", explain.

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (\$265.250)

1. Is the waste pile protected from wind erosion?

- a. Does it appear to need such protection?

- b. Explain what type of protection exists.

2. Does it appear that incompatible wastes are being stored in the same waste pile?
If "YES", explain.

3. Is leachate run-off from a pile a hazardous waste?
If "YES", explain this determination and answer (a) and (b) below.

- a. Is the pile placed on an impermeable base that is compatible with the waste?

- b. Is the pile protected from precipitation and run-on?

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite?
Please explain or indicate if no such wastes are present.

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste?
Please explain.

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (\$265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil?

Please explain.

- *2. Is run-on diverted away from the active portions of the land treatment facility? _____
- *3. Is run-off collected? _____
4. Are food chain crops being grown on the facility property? _____
- a. If "YES", can the facility operator document that arsenic, lead and mercury:
- will not be transferred to the crop or ingested by food chain animals or _____
 - will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. _____
- b. Has notification of the growing of the food chain crops been made to the Regional Administrator? _____
5. Is there a written and implemented plan for unsaturated zone monitoring? _____
6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? _____
7. Do the closure and post-closure plans address:
- a. control of migration of hazardous wastes into the groundwater? _____
 - b. control of run-off, release of airborne particulate contaminants? _____
 - c. compliance with requirements for the growth of food-chain crops (if they are present)? _____
8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? _____
If "YES", explain.
9. Are incompatible wastes placed in the same land treatment area? _____
If "YES", explain.
10. What is the area of the land receiving hazardous waste treatment? _____

LANDFILLS (\$265.300)

- †1. Is run-on diverted away from the active portions of the landfill? _____
- †2. Is run-off from active portions of the landfill collected? _____

* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

YESNODON'T
KNOW

3. Is waste which is subject to wind dispersal controlled?
Explain.

4. Does the owner/operator maintain a map with:

- the exact location and dimensions of each cell.

- the contents of each cell and approximate location of each hazardous waste type.

5. Do the closure and post-closure plans address:

- control of pollutant migration via ground water?

- control of surface water infiltration?

- prevention of erosion?

6. Is ignitable or reactive waste treated before being placed in the landfill?
Explain how you know.

7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell?
If "NO", explain.

8. Are bulk or non-containerized wastes containing free liquids placed in the landfill?
If "YES",

a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?

b. Is the waste treated and stabilized so that free liquids are no longer present?

*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?

10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?

If so, are they crushed flat, shredded or similarly reduced in volume before they are buried?

11. What is the approximate area of the hazardous waste landfill?

* Effective date for this requirement is November 19, 1981.

YES NO DON'T KNOW

- NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here ☐.

- Every hour for:

- stack plume (color and opacity) _____
5. Is there open burning of hazardous waste? _____

a. If "YES", what is being burned?
(only burning or detonation
of explosives is permitted)

b. If open burning or detonation of explosives is taking
place, approximately what is the distance from the open
burning or detonation to the property of others?

YES NO DON'T
KNOW

6. Does the incinerator appear to be operating
properly? (Do emergency shutdown controls
and system alarms seem to be in good working
order?) Please explain.

— — —

a. Is there any evidence of fugitive emissions?

— — —

7. Is the residue from the incinerator treated
by the owner as a hazardous waste?
Please explain.

— — —

8. What types of air pollution control devices (if any)
are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

1. Does the treatment process system show any
signs of ruptures, leaks, or corrosion?
Please explain.

— ✓ —

2. Is there a means to stop the inflow of
continuously-fed hazardous wastes?

✓ — —

3. Is there ignitable or reactive waste fed
into the treatment system?

— ✓ —

If "YES", has it been treated or protected
from any material or conditions which may
cause it to ignite or react? If so,
explain how.

— — —

Are the incompatible wastes placed in
the same treatment process?
If "YES", explain.

— ✓ —

5. Describe the treatment system at this facility.

*cr reduction & precipitation
Oxidation & destruction of phenolic waste
metal precipitation w/ lime
neutralization, ~~adsorption~~
Adsorption of 3ygl waste
De watering
Associated equipment to handle above*



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

NYD 002 047 967 SEP 30 1981
CA81-09/24/81RCRA TRANSPORTER INSPECTION CHECKLISTTransporter Name: GRUMAN AEROSPACE CORP.

EPA I.D.:

NY # 1A-034
NYD002047967Transporter Address: BETHPAGE, NY 11714

Driver: _____

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Does the transporter have an EPA I.D. number? | (✓) | () |
| 2. Is the transporter carrying hazardous waste? | (✓) | () |
| 3. Does the transporter have a manifest? | (✓) | () |
| 4. Does the manifest show the following information: | | |
| a. Name, address, I.D. of generator | (✓) | () |
| b. Name, address, I.D. of transporter | (✓) | () |
| c. Name, address, I.D. of designated facility | (✓) | () |
| d. Name of alternative facility | () | (✓) |
| e. DOT waste description | (✓) | () |
| f. Quantity of waste-volume, weight,
number of containers | (✓) | () |
| g. Signed certification statement | (✓) | () |
| 5. Does the manifest information confirm vehicle load? | (✓) | () |
| 6. Is the vehicle placarded for hazardous waste? | (✓) | () |

7. General comments:

NonePAB
DEC 7 8 22 AM '81
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007Inspected by: R. O'NEILLDate: 9/24/81

RCRA INSPECTION REVIEW SHEET

PERMITS BRANCH
REGION II

OCT 16 11 57 AM '81

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Name of Facility - GRUMMAN AEROSPACE CORP.

RCRA ID# - NYD 002047967

Date of Inspection - 7/21/81

Type of Inspection: ☒ Generator

☒ Transporter

☒ TSD

Name of EPA/State Inspector -

JERE AUSTIN

Findings of Inspection:

VIOLATIONS - 265.53

(INSPECTOR DIDN'T FILL OUT A TRANSPORTER FORM)

Action(s) Taken:

Action(s) Recommended:

WELL RUN FACILITY, NO ACTION NECESSARY